

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-0C9749

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 546

Registrar's No. 559

STATE FILE NUMBER

**FILED MAR 13 1963**

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Overland</b>		c. CITY OR TOWN <b>Saint Louis</b>	
Length of stay in 1b <b>14 months</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2411 Hartland</b>		d. STREET ADDRESS (If outside, give location) <b>3919 North Euclid Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>Z.</b> Last <b>CUMMINS</b>		4. DATE OF DEATH Month <b>February</b> Day <b>17</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/20/68</b>
9. AGE (last birthday) <b>94 years</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and state or country) <b>De Soto, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Adelaide McMullen</b>	
14. NAME OF HUSBAND OR WIFE <b>Late John Cummins</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mr. George Olin Cummins, 3919 N. Euclid (15)</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Enterosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Generalized atherosclerosis</b> DUE TO (b) <b>15 yrs.</b> DUE TO (c) <b>15 yrs.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY; TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1-5-47</b> to <b>2-12-63</b> and last saw her alive on <b>2-15-63</b> . Death occurred at <b>2:40 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Calvin F. Feutz</b>	
22b. ADDRESS <b>634 N. Grand Blvd.</b>		22c. DATE SIGNED <b>2-18-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/19/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Lebanon Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>2-19-63</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS:300  
Rev. 4/59  
1 **400X**  
2 **207**  
3  
4 **1**  
5 **2**  
6  
7 **0**  
8 **2**  
9 **4200**  
10  
11  
12 **91-0**  
13

91

p.  
Dr. J. G. Murphy  
~~Max R. Hester~~ Bldg.  
Mo. Theatre Bldg.  
Je. 1-1750  
HOURS: Monday  
10:45 to 11:45 AM & 1:30 to 4 PM  
File in county

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John A. Miller*

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.